

Dialectical Behaviour Therapy: Application to Children & Adolescents, and the School setting

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Overview and Aims

- Overview of DBT treatment model
- Application of DBT in a school setting
 - Mindfulness
 - Distress Tolerance
 - Emotion Regulation
- Referral pathways

What is DBT?

- DBT stands for Dialectical Behaviour Therapy
- Marsha Linehan (1990's): chronically self-harming women
- Targets suicidal and self-harm behaviours
- Cognitive and behavioural strategies
- Mindfulness practices target attention deficits
- Therapists must be compassionate and nonjudgmental, and they must balance acceptance of the client with helping the client make important changes in life

- **People with BPD are doing the best they can, and they still have to change**

(p. 136-137 Chapman & Gratz, 2007)

Who are we treating?

- Individuals with difficulties regulating their emotions, emerging borderline PD, cluster B traits.
 - i.e. Those that find emotions intense, overwhelming & difficult to control!
 - Present with difficulties with peers, self-harm, suicidal ideation, risk taking, lack of self-identity
 - Note: a recent study by Silburn & Zubrick (1995, cited in Treloar & Lewis, 2009) conducted in Perth found that 43% of 14-19 yr olds who presented to Perth hospitals having self-harmed did not meet criteria for a psychiatric diagnosis.

How does DBT help?

- Miller, Rathus & Linehan (2007) suggest that suicidal behaviours in adolescents results from:
 - 1) the individual lacking in important interpersonal self-regulation capacity (incl. emotion regulation) and distress tolerance skills
 - 2) personal & environmental factors inhibit the use of those skills they actually do possess.
- DBT helps motivate & reinforce to use skills they have AND develop new skills

Dialectical theory

- DBT is based on the theory of dialectics
- Dialectics is based on 3 main assumptions
 - 1) everything is connected to everything else;
 - 2) change is constant and inevitable;
 - 3) opposites can be integrated to form a closer approximation to the truth.
- So, a dialectic is a tension between polar opposites
- Behavioural patterns of individuals with emotion dysregulation are viewed as failures in dialectics, failures in balancing opposites.
 - i.e. It's all or nothing! Emotional inhibition vs. Loss of control
 - i.e. Can't understand that 'Good' people can do 'bad' things
- DBT = balancing opposites and bringing them together towards synthesis

4 treatment dialectics

ACCEPTANCE

You are doing the
the best you can
at this moment

AND

CHANGE

You can do better,
try harder, and be
more
motivated to change



4 treatment dialectics

PROBLEM SOLVING

How can
you do
things
differently?

AND

VALIDATION

I can understand
why you engage in
that behaviour



4 treatment dialectics

IRREVERENCE

Blunt
Direct
Call a spade a spade

AND

WARMTH

Genuine
Vulnerability



4 treatment dialectics

CONSULTATION

Coach the client
to advocate for
themselves

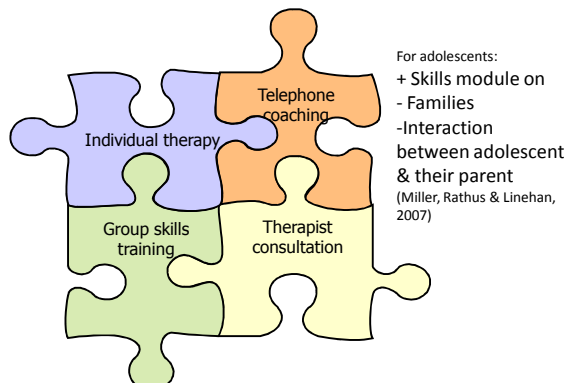
AND

INTERVENTION

Step-in to assist
the client



What does standard DBT involve?



Individual therapy

- 1. Pre-treatment targets:
 - Orientation to treatment and agreement on goals
- 2. First stage targets:
 - i) Decreasing suicidal behaviours
 - ii) Decreasing therapy interfering behaviours
 - iii) Decreasing quality of life interfering behaviours
 - iv) Increasing behavioural skills
 - Core Mindfulness Skills
 - Interpersonal Effectiveness
 - Emotion Regulation
 - Distress Tolerance
- 3. Second-stage targets:
 - Decreasing posttraumatic stress
- 4. Third-stage targets:
 - Increasing respect for self
 - Achieving individual goals

Telephone Coaching

- Difficulty asking for help and may use unhelpful behaviours to elicit help, such as suicide attempts, or continues to suffer. It also provides the therapist to intervene to circumvent suicidal behaviour.
- Reinforce non-suicidal behaviours
- Clients require assistance to generalise DBT behavioural skills to their everyday lives.
- It allows for the immediate resolution of interpersonal conflicts between the client and therapist.
- Standard DBT '24 hr rule', but not appropriate for adolescents

Skills Training: 4 modules

•1. Core mindfulness

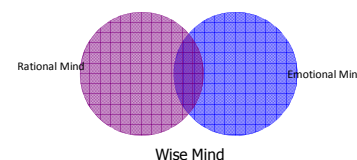
- To learn to observe, describe and participate in a non-judgemental way in all aspects of life

•3 'what' skills

- Observe, Describe, Participate

•3 'how' skills

- Non-judgementally, One-mindedly, Effectively



Skills Training

- **2. Interpersonal effectiveness**
- Similar to skills taught in many assertiveness & interpersonal problem-solving programs
- Effective strategies to be able to ask for what you need, say "no" and coping with conflict

Skills Training

• 3. Distress tolerance

- The focus is on acceptance, not trying to change distressing events, but trying to find meaning in and tolerating distressing events.
- Four sets of tools are –
 - distracting
 - self soothing
 - improving the moment
 - looking at the pros and cons
 - Radical Acceptance "Grant me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference."

Skills Training

- **4. Emotion regulation**
- The intensity of the emotions for the borderline client can be overwhelming.
- Skills taught are
 - identify and labelling emotions,
 - obstacles to changing emotions,
 - reducing the vulnerability to *emotion mind*
 - Increasing awareness of current emotions,
 - skills in how to take an opposite emotion,
 - increasing positive emotional events

Additional Skills Training for Adolescents

• 5. Walking the Middle Path

- Coping with the adolescent environment i.e. Families & interactions between adolescents & parents.
- Skills taught are
 - Balancing change-oriented skills with acceptance-oriented skills
 - Validate self
 - Validate others

WALKING THE MIDDLE PATH

THINKING AND ACTING DIALECTICALLY

HINTS FOR FINDING THE MIDDLE PATH

1. Open your eyes to seeing things from many different angles. Often, there are many ways to solve a problem. Don't be afraid to research other solutions and see how other people in your situation may have solved their problem.
2. Nothing stays the same; change will happen. If what you are experiencing now is stressful, keep in mind that very few things remain the same. Change is constant.
3. Use "both/and" when viewing a situation or problem. Try to experiment with the "gray area" of things. Avoid black and white thinking and extremes, like "all or nothing", or "my way or the highway".
4. Remember the middle path is between acceptance and change. It is a balance. It requires both to be effective.

Therapist Consultation/Supervision

- The consultation meetings have three primary functions:
 - To keep the individual therapist in the therapeutic relationship
 - To balance the therapist in their interactions with the client.
 - To provide the context for the treatment.
- Very important component- working with these individuals can be challenging

DBT with adolescents

- In 1995 Miller & Rathus adapted DBT program for outpatient treatment of suicidal adolescents
- Phase 1: 4-6 months
 - Multi family skills training group
 - Individual psychotherapy
 - Phone coaching (w/ teen & parent)
 - Family therapy
 - Therapist consultation meeting
- Phase 2: 16 weeks
 - Graduate group
 - Individual psychotherapy
 - Phone coaching
 - Family therapy, PRN

Evidence-base

- 6 non-RCT (suicidal, NSSI, BPD)
 - Rathus & Miller (2002): 12 week outpatient (suicidal. BPD features)
 - Katz et al (2004): 2 week inpatient (suicidal)
 - Fleischhaker et al (2006): 16 week outpatient (suicidal/BPD features)
 - Fleischhaker et al (2011): 16-24 week outpatient with 1 yr follow up
 - Woodberry et al (2008): 16 week outpatient (suicidal)
 - James et al (2008): 24 week outpatient (deliberate SH)
- DBT is being trialled in schools in the US
 - Book currently being written on DBT in Schools (author: Miller, Guilford Press)
- 4 RCTs in progress
 - Preliminary results from one study in Norway(40/80 adolescents)
 - Low drop out rate 15%
 - Significant reduction in SH and suicidal ideation in DBT compared to enhanced care condition

Adapting DBT skills for schools

- Mindfulness
- Distress Tolerance
- Emotion Regulation

Full DBT vs. DBT skills

- In the school context most likely unable to offer full DBT program
 - 1:1 contact
 - Skills groups

Mindfulness

- **KEY TECHNIQUE:** Encourage present moment focus
- **How to introduce:**
 - 1. Define-
 - What it isn't – mindless activities
 - How & What skills
 - 2. Practice- short, relevant, everyday activities
 - e.g. mindfulness of a single object, walking, breathing, washing dishes...
 - 3. Practice II- increase to include practice in emotional situations
 - Same activities as used with adults but use more humour, silliness & more interactive

Have you ever?



- Been asked a question in class and realised you weren't paying attention to the teacher?
- Been talking to a friend and realised you were worried about something happening tomorrow?
- Been so self-conscious that you didn't enjoy an activity you usually enjoy?

- **This is the opposite of being mindful**



Mindfulness skills – Taking hold of your mind: “What” skills

- Observe – just notice the experience, ‘Wordless watching’
- Describe – put words on the experience, ‘Wordful watching’
- Participate – enter into your experiences and get involved in the moment.
- Can only do one at a time – not all 3!!

CORE MINDFULNESS

WISE MIND HOW SKILLS

Non-Judgmentally:

Stay away from name calling, teasing, or put downs. Use facts. Opinions can distract you from your ability to focus.

One Mindfully:

Pay attention to the moment you are in. Focus only on the task at hand. Clear your mind of everything else. It takes practice. Start simple, like with a single thought.

DO WHAT WORKS:

Make healthy and safe choices and the situation will work for you. Success! It helps to think about all the things that have worked in the past. There is a good chance those same things might work again now!

Practical exercises

- ‘Memory’- in pairs, one person turns around and changes 3 things about their appearance, other has to identify these things (skill: Observe)
- Watch bubbles (skill: Describe)
- ‘**Mirroring**’ (skill: Participate)

Mindfulness Skills Taking hold of your mind: “How” skills

- Non judgmentally- don't evaluate, don't judge your judging
- One mindfully – do one thing at a time
- Effectively – do what works – play by the rules “don't cut off your nose to spite your face”

CORE MINDFULNESS

WISE MIND WHAT SKILLS

OBSERVE:

Be a magnifying glass; look closely inside and outside of yourself. Be aware. Be a detective. Hold off on verbalizing what you see until you have taken it all in.

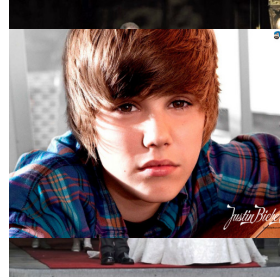
DESCRIBE:

Be a dictionary; name your experiences. Keep it simple and kind! Put it into words.

PARTICIPATE:

Like playing games; dive in. Action! Be actively involved. Experience your emotions. Don't let the moment pass you by. Help others to participate too!

Practical Exercises



- Kate's dress vs Justin Bieber (Skill: Non-judgmental)
- credit to Lauren Jerrat for Justin Bieber

Tips

- Practice, practice, practice!!!!
- Like fitness – takes regular practice to improve the skill
- Start short and sweet - with positive activities.
- Link each activity to a Mindfulness skill (e.g. Observe)
- Do every time you see them
- See Miller et al (2007) & Christensen (2009) for more ideas

Distress Tolerance

- KEY TECHNIQUE: Encouraging positive coping
- How to introduce:
 - A way to cope with intense emotions without making the situation worse!
 - Distraction
 - Self-soothing
 - Practice in session

Distraction

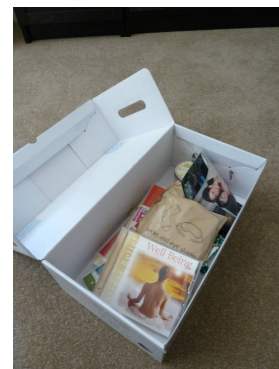
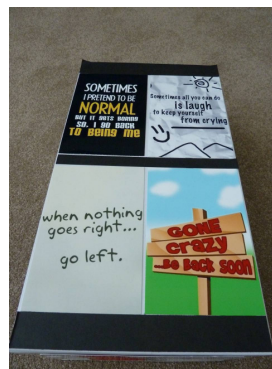
- Wise mind ACCEPTS
 - Activities: *Do something*
 - Contributing: *Contribute (do something nice) for someone*
 - Comparisons: *Make comparisons that will help you feel better*
 - Emotions: *Create different emotions*
 - Pushing Away: *Push the painful situation out of your mind temporarily*
 - Thoughts: *Replace your thoughts*
 - Sensations: *Intensify other sensations*

Practical exercises

- Bring in upbeat music, U-tube clips, crossword puzzles, decks of cards, nail polish...
- Access a recent time they felt sad
- Then participate in activity for 5-10mins
- Afterwards- 'were you able to take your mind off it?'

Idea: Distract reminder

- Create a flashcard with a reminder of distract skills
- Put reminders of skills on phones
- Create 'Wise Choices' box (more about this later)
- Create a crisis plan including distract skills
- Distraction: At home vs Not at home
- Distraction: Alone vs With others



My Crisis Survival Kit



Self soothe

- These are the skills to help to relax and calm.
- When we are relaxed, your body feels better, and functions better (not in a state of emergency or stress)
- It's easier for the brain to think and make decisions and find healthier ways to cope with the situation
- Everyone is different – what is soothing to you may not be to someone else – it takes time and experimentation!

Self-soothe: the five senses

- "Tools" to calm & relax you
- Vision e.g. Beautiful pictures & art books
- Hearing e.g. Soft, pleasant music
- Touch e.g. Plush stuffed animals, goo
- Smell e.g. Scented candles, body lotion
- Taste e.g. Herbal teas, chocolates & other treats

Practice in session

- Turn the fluro lights off, play soft music
- Place self-soothe items on the table
- Get them to pick an item, return to seat and orient them to self-soothe using 5 senses.

Idea: Self-soothe box

- Make up a box with clients to keep “self-soothe” tools in
 - e.g. put in herbal tea bags, a candle, worry stone, favourite calming CD/ i-pod playlist, lollies/mints, favourite quotes, pictures
 - Keep somewhere accessible for “crises”
 - Can also make a mini version to keep in handbag/backpack

Incorporate technology

- Smart phones
 - Voice memos
 - Calendar reminders
 - Games/Apps (Distraction & Self-soothe)

Incorporating Technology: Apps

- **DBT Diary Card and Skills Coach** By Durham DBT, Inc \$5.49 (only for apple)



- **DBT Review** 99c (only for apple)



- Other apps available (not tested by author)
 - DBT Self-help (android & apple) \$7.18- \$9.49
 - A simple and free DBT Skills Diary Card *free*
 - DBT Diary \$5.49

Emotion Regulation

- Taking charge of your emotions
- Teach a model of emotions
 - e.g being yelled at by a teacher after making a mistake in class
 - Identify thoughts, body changes, urges, actions, emotion labels etc
- Act opposite to the emotion
 - Act out in session with individuals as coaches to facilitators, participants to identify opposite action

Referral Pathways

- Perth Clinic: Adolescent DBT Program
 - 12 weeks
 - GP referral to Perth Clinic Accredited Psychiatrist
 - <http://www.perthclinic.com.au/>
- Child & Adolescent Mental Health Service (CAMHS)
 - ‘Lifesurfing’ trial 2006 & 2007, contact Keren Geddes for more info Keren.Geddes@health.wa.gov.au
 - No formal DBT Programs, however clinicians applying treatment strategies
- Youthlink
 - Previous ‘Lifeworx’ program, no formal program at present

Summary

- Research showing DBT can help teach skills to reduce self-harm, suicidal ideation and borderline personality traits.
- Create an environment that balances acceptance & change
- Can adapt the DBT skills in any setting with children & adolescents
- Need to be practical and engaging

References

Child and Adolescent DBT references:

- *Dialectical Behavior Therapy with Suicidal Adolescents* (2007). Miller, Rathus & Linehan.
- *Dialectical Behavior Therapy Skills, 101 Mindfulness Exercises and Other Fun Activities for Children and Adolescents: A Learning Supplement* (2009) Christensen, K. & Riddoch, E. H.
- Geddes, K., Dziurawiec, S. & Lee, C. (2013). *Dialectical Behaviour Therapy for the Treatment of Emotion Dysregulation and Trauma Symptoms in Self-Injurious and Suicidal Adolescent Females: A Pilot Programme within a Community-Based Child and Adolescent Mental Health Service*. Hindawi Publishing Corporation Psychiatry Journal

General DBT references:

- *Cognitive-behavioral treatment of borderline personality disorder* (1993). Linehan, M. Guilford Press
- *Skills Training Manual for Treating Borderline Personality Disorder*. Linehan, M. (1993). The Guilford Press. New York: NY
- *Dialectical Behaviour Therapy: Distinctive Features* (2009). Swales, M. & Heard, H. Routledge, East Sussex: UK
- *Teaching Clients to use Mindfulness Skills: A practical guide* (2014). Dunkley & Stanton. Routledge, East Sussex: UK

Diagnostic criteria

- DSM-IV TR: **Diagnostic criteria for 301.83 Borderline Personality Disorder**
- A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:
 - (1) frantic efforts to avoid real or imagined abandonment.
 - (2) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
 - (3) identity disturbance: markedly and persistently unstable self-image or sense of self
 - (4) impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, Substance Abuse, reckless driving, binge eating).
 - (5) recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour
 - (6) affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
 - (7) chronic feelings of emptiness
 - (8) inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
 - (9) transient, stress-related paranoid ideation or severe dissociative symptoms

Diagnostic criteria

- **ICD-10: F60.3 Emotionally Unstable (Borderline) Personality Disorder**
- A personality disorder in which there is a marked tendency to act impulsively without consideration of the consequences, together with affective instability. The ability to plan ahead may be minimal, and outbursts of intense anger may often lead to violence or "behavioural explosions"; these are easily precipitated when impulsive acts are criticized or thwarted by others. Two variants of this personality disorder are specified, and both share this general theme of impulsiveness and lack of self-control.
- **F60.31 Borderline type:**
Several of the characteristics of emotional instability are present; in addition, the patient's own self-image, aims, and internal preferences (including sexual) are often unclear or disturbed. There are usually chronic feelings of emptiness. A liability to become involved in intense and unstable relationships may cause repeated emotional crises and may be associated with excessive efforts to avoid abandonment and a series of suicidal threats or acts of self-harm (although these may occur without obvious precipitants).
- Includes:
* borderline personality (disorder)